

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		7/14/99
O.I.P.E. CLASSIFIER		5	7-19-99
FORMALITY REVIEW		69055	7-29-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/14/99
2	7/14/99
3	7/14/99
4	7/14/99
5	7/14/99
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49	7/14/99
50	7/14/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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